

requests. An estimate of such charges shall be provided to the requester before processing the request. All requests should be processed expeditiously, with data normally made available within 30 days from the date of request; and

(vii) Provide data to an OPTN member, without charge, that has been assembled, stored, or transformed from data originally supplied by that member.

(2) An organ procurement organization or transplant hospital shall, as specified from time to time by the Secretary, submit to the OPTN, to the Scientific Registry, as appropriate, and to the Secretary information regarding transplantation candidates, transplant recipients, donors of organs, transplant program costs and performance, and other information that the Secretary deems appropriate. Such information shall be in the form required and shall be submitted in accordance with the schedule prescribed. No restrictions on subsequent redisclosure may be imposed by any organ procurement organization or transplant hospital.

(c) *Public access to data.* The Secretary may release to the public information collected under this section when the Secretary determines that the public interest will be served by such release. The information which may be released includes, but is not limited to, information on the comparative costs and patient outcomes at each transplant program affiliated with the OPTN, transplant program personnel, information regarding instances in which transplant programs refuse offers of organs to their patients, information regarding characteristics of individual transplant programs, information regarding waiting time at individual transplant programs, and such other data as the Secretary determines will provide information to patients, their families, and their physicians that will assist them in making decisions regarding transplantation.

[63 FR 16332, Apr. 2, 1998, as amended at 64 FR 56661, Oct. 20, 1999]

#### **§ 121.12 Advisory Committee on Organ Transplantation.**

The Secretary will establish, consistent with the Federal Advisory Committee Act, the Advisory Committee on Organ Transplantation. The Secretary may seek the comments of the Advisory Committee on proposed OPTN policies and such other matters as the Secretary determines.

[64 FR 56661, Oct. 20, 1999]

### **PART 124—MEDICAL FACILITY CONSTRUCTION AND MODERNIZATION**

#### **Subpart A—Project Grants for Public Medical Facility Construction and Modernization**

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- 124.2 Definitions.
- 124.3 Eligibility.
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- 124.5 Grant evaluation and award.
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- 124.515 Compliance alternative for community health centers, migrant health centers and certain National Health Service Corps sites.
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**Subpart G—Community Service**

- 124.601 Applicability.
- 124.602 Definitions.
- 124.603 Provision of services.
- 124.604 Posted notice.
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APPENDIX TO SUBPART G—INTERIM PROCEDURES AND CRITERIA FOR REVIEW BY HEALTH SYSTEMS AGENCIES OF APPLICATIONS UNDER SECTION 1625 OF THE PUBLIC HEALTH SERVICE ACT

**Subpart H—Recovery of Grant Funds**

- 124.701 Applicability.
- 124.702 Definitions.
- 124.703 Federal right of recovery.
- 124.704 Notification of sale, transfer, or change of use.
- 124.705 Amount of recovery.
- 124.706 Calculation of interest.
- 124.707 Waiver of recovery where facility is sold or transferred to a proprietary entity.
- 124.708 Waiver of recovery—good cause for other use of facility.
- 124.709 Withdrawal of waiver.

AUTHORITY: Secs. 215, 1602, 1625, Public Health Service Act (42 U.S.C. 216, 300o-1, 300r), unless otherwise noted.

SOURCE: 42 FR 62270, Dec. 9, 1977, unless otherwise noted.

**Subpart A—Project Grants for Public Medical Facility Construction and Modernization****§ 124.1 Applicability.**

The regulations of this subpart are applicable to grants under section 1625 of the Public Health Service Act for construction and modernization projects designed to:

- (a) Eliminate or prevent imminent safety hazards as defined by Federal, State or local fire, building, or life safety codes or regulations, or

- (b) Avoid noncompliance with State or voluntary licensure or accreditation standards.

**§ 124.2 Definitions.**

As used in this subpart:

- (a) *Act* means the Public Health Service Act, as amended.

(b) *Construction* means construction of new buildings and initial equipment of such buildings and, in any case in which it will help to provide a service not previously provided in the community, equipment of any buildings. It includes architect's fees, but excludes the cost of off-site improvements and, except with respect to public health centers, the cost of the acquisition of land.

(c) *Cost* means the amount found by the Secretary to be necessary for construction or modernization under a project, except that such term does not include any amount found by the Secretary to be attributable to expansion of the bed capacity of any facility.

(d) *Equipment* means those items which are necessary for the functioning of the facility but does not include items of current operating expense such as food, fuel, pharmaceuticals, dressings, paper, printed forms, and housekeeping supplies.

(e) *Facility for long-term care* means a facility (including a skilled nursing care or intermediate care facility), providing inpatient care for convalescent or chronic disease patients who require skilled nursing or intermediate care and related medical services:

- (1) Which is a hospital (other than a hospital primarily for the care and treatment of mentally ill or tuberculosis patients) or is operated in connection with a hospital, or

(2) In which such care and medical services are prescribed by, or are performed under the general direction of, persons licensed to practice medicine or surgery in the State.

(f) *Health systems agency* means an agency which has been conditionally or fully designated pursuant to section 1515 of the Act and 42 CFR part 122.

(g) *Hospital* includes general, tuberculosis, and other types of hospitals, and related facilities such as laboratories, outpatient departments, nurses' home facilities, extended care facilities, facilities related to programs for